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Recommendation for a short duration country programme**

Liberia

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Liberia with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $4,441,000 in regular resources, subject to the availability of funds, and $11,700,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2003 to 2005.

* E/ICEF/2002/11.

** The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2002 (E/ICEF/2002/P/L.36).

02-45712 (E) 120802

Basic data (2000 unless otherwise stated)	
Child population (millions, under 18 years)	1.5
U5MR (per 1,000 live births)	235
IMR (per 1,000 live births)	157
Underweight (% moderate and severe) (1976)	20
Maternal mortality ratio (per 100,000 live births) (1995)	1 000[b]
Literacy (% male/female)	70/37
Primary school enrolment (% net, male/female) (1999)	43/31
Primary school children reaching grade 5 (%)	..
Use of improved drinking water sources (%)	..
Routine EPI vaccines financed by Government (%) (1999)	0
Adult HIV prevalence rate (%) (1999)	2.8
GNP per capita (US$)	[a]
One-year-olds fully immunized against:	
Tuberculosis	80 per cent
Diphtheria/pertussis/tetanus	55 per cent
Measles	54 per cent
Poliomyelitis	59 per cent
Pregnant women immunized against tetanus	42 per cent

[b] WHO/UNICEF model based estimate.
[a] Estimated to be low income ($755 or less).

The situation of children and women

1. Ravaged by conflict, Liberia has not recovered from the eight-year civil war that caused 200,000 deaths and displaced one half of the population between 1989 and 1997. The country's gross domestic product of $177 is less than one half the pre-war level. One third of the country is inaccessible due to continuing insecurity and 120,000 people, mostly children and women, are internally displaced in camps. Regional peace initiatives have not yet yielded promising results. Neglect by donors has greatly restricted the possibility to mobilize resources, especially in the light of sanctions.

2. Some 85 per cent of the population live in poverty, with a purchasing power of less than $1 per day; 52 per cent live in extreme poverty with a daily purchasing power of half that amount. More than two thirds of the population are illiterate, and only half of the pre-war number of primary schools have re-opened. This context of long-term population displacement and instability have resulted in a high number of vulnerable women and children and weakened family and community structures with poor child-caring practices. Disengagement by the Government is the major cause of the extremely low availability of and access to basic social services, which in turn are the key causes of Liberia's high infant and child mortality rates. The

major childhood illnesses are malaria (accounting for 37 per cent of all illnesses), diarrhoea (22 per cent) and acute respiratory infections (12 per cent). Malnutrition is widespread, with 39 per cent of children under five years of age stunted, 26 per cent underweight and widespread micronutrient deficiencies among children and women.

3. The long-term conflict has also negatively affected maternal health, resulting in inadequate access to health and reproductive care and poor nutrition, as evidenced by the high maternal mortality ratio (MMR). The war has interrupted women's economic activities, limiting their income. Harmful cultural practices, high rates of illiteracy and gender discrimination have reduced women's ability to make informed decisions affecting their health. For example, 47 per cent of husbands decide whether or not their pregnant wives see a doctor. The rate of HIV infection is increasing, affecting an estimated 8.2 per cent of the population aged 15-49 years, up from 5.6 per cent in 1999. A 2001 study sponsored by the United Nations theme group on HIV/AIDS showed that up to one half of adults do not believe that HIV can be contracted through sex with multiple partners. This lack of knowledge, compounded by poverty and socio-cultural beliefs, poses a great challenge for the survival of children and young people, especially girls, who also experience sexual abuse, the risk of unwanted pregnancy and early marriage.

4. The protection of children has deteriorated because of the conflict. About 20 per cent of children under 15 years of age live with neither biological parent and 60 per cent of school-age children are not in school. Of those in school, only 42 per cent attain minimal levels of learning achievement according to a study on Monitoring of Learning Achievements (described in the regional summary of mid-term reviews and evaluations of country programmes reviewed by the Executive Board at the 2002 Annual Session (E/ICEF/2002/P/L.18)). Many children are now too old to start or resume school. As many as 15,000 children were directly involved in the conflict either as soldiers or as sex slaves. Laws and their enforcement are inadequate due to the low capacity of authorities and are often contradicted by varied definitions of the child in the Liberian statutes and in traditional values. Poor caring practices, high illiteracy of caregivers and lack of life skills among children further increase their vulnerability.

Programme cooperation, 2001-2002

5. The 2001-2002 programme, prepared within the context of post-war rehabilitation, sought to reduce the high levels of child and maternal mortality and increase primary school learning achievements, especially for girls. It also sought to enhance re-integration of war-affected children into social and community structures and support the growing number of internally displaced persons (IDPs). The programme sought to build community capacities to better manage child, adolescent and maternal health. It supported community capacity assessments and studies on child-care and child-rearing practices, to prepare for implementation of the integrated management of childhood illnesses (IMCI) strategy at the community level. UNICEF, in cooperation with the World Health Organization (WHO) and the Ministry of Health, supported successful National Immunization Days (NIDs) which resulted in 100-per-cent immunization coverage against polio. Support from the Global Alliance for Vaccines and Immunization (GAVI) provided cold-chain

equipment and technical training for routine immunization and NIDs. However, immunization coverage rates for all antigens remained at 39 per cent in 2001.

6. During 2001, heightened insecurity in the north increased the number of IDPs in camps from 15,000 in the first quarter of the year to over 70,000 in April 2002, out of a national total of 120,000 IDPs. Consequently, the programme shifted focus, and scaled up emergency interventions to provide support for basic services in the IDP camps and host communities. Early in 2002, the United Nations country team implemented Phase 4 security because of renewed fighting and insecurity, resulting in the suspension of planned programme activities and the relocation of international health and education staff.

7. The country programme addressed abuse and violence against young girls, boys and women through partnerships with five local non-governmental organizations (NGOs) that focused on life-skills education and "child-friendly" spaces for sports and youth group activities. The latter included HIV prevention, theatre and music productions and painting of murals depicting peace and reconciliation messages on public buildings. The work of George Weah, UNICEF Goodwill Ambassador and national and international football hero, also provided a caring adult role model for young people. Assistance to displaced children focused on training teachers in accelerated learning techniques. As part of its protection work, UNICEF also supported the German Agency for Technical Cooperation (GTZ) for vocational training of 200 displaced children in masonry, agriculture and manufacture of farming tools with metal recuperated from weapons. The programme provided training to the judiciary and police. Former child soldiers and sex slaves received psychosocial support, literacy training and life-skills education from 96 counsellors trained to cover four project sites. "Child-friendly" spaces were established to ensure that children and mothers had a safe environment to receive basic care. The country programme responded immediately to the report on recent incidents of child abuse by humanitarian aid workers, working to revise cooperation agreements and sensitize all partners to ensure understanding of zero tolerance for conduct that endangers the protection and welfare of children and women. These efforts were strengthened by the assistance of the Norwegian Refugee Council, which seconded a child protection officer to UNICEF.

8. The country programme combined advocacy and mobilization in supporting efforts to eliminate the barriers to girls' education. It supported youth empowerment and development of leadership skills as a strategy for social reintegration. The programme supported monitoring of learning achievements and curriculum reform, provision of educational materials and promotion of parental and community participation in school governance. The accelerated learning project compressed six years of regular primary school to three years, trained 1,500 teachers, provided primary education to 7,200 over-age children and socially reintegrated 2,000 former child soldiers.

9. Community management of basic social services for children was the programmatic response to limited government capacities, marked by the displacement and departure of civil servants, with many remaining unpaid for several months. In consultation with partners, the programme undertook community capacity assessments and piloted a community-based approach in Bong County in partnership with the local authorities, NGOs and research institutions. The programme provided over 70,000 IDPs in camps with health, nutrition, water,

shelter, educational and recreational supplies, through NGOs and in partnership with other United Nations agencies.

Lessons learned from past cooperation

10. Communities are the core operators for sustainability in crises. Two studies on IMCI (on community capacity assessment and child-care and child-rearing practices) were conducted as part of the pilot microplanning process conducted in Bong County. As a result, community mobilization and participation in assessment, analysis and action generated increased ownership of programmes by communities and contributed to a record 1 million votes cast in the "Say Yes for Children" campaign in Liberia. This led to the participation of a woman paramount chief at the General Assembly Special Session on Children. Having the community as a primary implementing partner was vital for sustainable service delivery. Provision of service delivery was the key motivating factor required for building effective community capacities and empowering women. Flexibility allowed for adjustment of programmatic actions and for seizing opportunities to scale up whenever feasible to increase coverage and better meet needs. Pacing is key to ensure that community members have time to fully internalize the process. Gender awareness and leadership skills as well as wider partnerships are prerequisites for successful participation by women.

11. The arrival of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in 2001 improved coordination among humanitarian actors. OCHA spearheaded creation of an "aid matrix" to map out and match providers' capacities to needs in IDP camps. OCHA improved the quality of rapid assessments by sponsoring joint field evaluations by agencies, and established a team of lead agencies to strengthen the government body responsible for registration of IDPs.

12. The absence of appropriate methods to assess status throughout crises was a critical obstacle to obtaining reliable data. Lack of peace, continued conflict and inadequate policies and structures, compounded by little support from the international community, are factors that pose great challenges for the future programme.

Recommended programme cooperation, 2003-2005

Estimated annual expenditure
(In thousands of United States dollars)

	2003	*2004*	*2005*	*Total*
Regular resources				
Health and nutrition	550	520	520	1 590
Early childhood development and basic education	350	350	350	1 050
Child protection and participation	330	330	330	990
Planning, monitoring and evaluation	120	150	150	420
Cross-sectoral costs	129	131	131	391
Subtotal	**1 479**	**1 481**	**1 481**	**4 441**
Other resources				
Health and nutrition	1 400	1 400	1 400	4 200
Early childhood development and basic education	950	950	950	2 850
Child protection and participation	1 160	1 160	1 160	3 480
Planning, monitoring and evaluation	60	60	60	180
Cross-sectoral costs	330	330	330	990
Subtotal	**3 900**	**3 900**	**3 900**	**11 700**
Total	**5 379**	**5 381**	**5 381**	**16 141**

Country programme preparation process

13. The programme preparation process began with the establishment of a multisectoral technical planning committee and thematic groups, based on priorities identified during the update of the situation analysis and the Common Country Assessment (CCA). The programme incorporated recommendations from the 2001 annual programme review. UNICEF provided inputs to the CCA and participated in the development of the United Nations Development Assistance Framework (UNDAF) for 2003-2005. The UNDAF identified five theme groups, on: (a) conflict resolution, peace building and relief; (b) good governance; (c) food security and sustainable recovery; (d) reproductive health, combating HIV/AIDS, malaria and other diseases; and (e) cross-cutting issues of gender, child rights, protection and environment. UNICEF participation focused on the latter two theme groups.

14. The country programme used the themes to develop four programme components that are also consistent with the priorities of the UNICEF medium-term strategic plan for 2002-2005. The programme's zones of convergence will be drawn from the poorest communities in five counties (Montserrado, Margibi, Grand Bassa, River Cess and Bong), selected based on their low indicators for net school enrolment, malnutrition and access to safe drinking water and sanitation. A total of 350,000 children (23 per cent of the national child population) will be covered,

using a community approach for decision-making and to support behavioural change. The new programme was reviewed and endorsed at a meeting chaired by the Ministry of Planning and Economic Affairs and attended by key stakeholders from the Government, NGOs and United Nations agencies.

Country programme goals and objectives

15. The goal of the country programme is to contribute towards: (a) reduction of the infant and under-five mortality rates by 5 per cent and the MMR by 10 per cent; (b) in the selected communities, increasing access to basic education by 10 per cent for girls aged 6-12 years, with gender balance, and support access of 20 per cent of children aged 3-6 years to community-based day-care centres; (c) improved child-care practices of 30 per cent of parents and other caregivers in the selected communities; (d) the development and monitoring of child protection measures adapted to conflict situations; and (e) the development and implementation of a comprehensive early childhood development (ECD) policy.

Relation to national and international priorities

16. The objectives of the country programme have taken into account the National Development Plan for 2002-2005, which prioritizes increasing access to basic education and primary health care and enhancing protection of vulnerable children. The programme, through an inter-agency coordinating committee on immunization and malaria, will collaborate with GAVI, WHO, the European Union, the United States Agency for International Development (USAID) and Rotary International, with UNICEF providing community-level training. Other partnerships will include the African Girls' Education Initiative and Education For All, with the NGO Forum for African Women's Educationalists, the Ministry of Education and the United Nations Population Fund (UNFPA). The IMCI will involve communities, government partners and WHO in mobilizing resources for increased investment in children. The realignment of the UNICEF programme cycle with those of the United Nations Development Programme and UNFPA has increased the potential for collaboration through the CCA and UNDAF.

Programme strategy

17. The thrust of the programme is to work with communities in building their capacities to care adequately for children and protect them from exploitation and violence. The programme will work with OCHA in conducting assessments and coordinating interventions to assist the most vulnerable populations, and continue to focus on IDPs through increased service delivery, effective child protection mechanisms and partnerships. All interventions will be guided and adapted as needed using the UNICEF contingency planning process as the basis for developing and targeting actions.

18. The national component of the programme will include service delivery, with a focus on immunization, and advocacy for the adoption of legislation and policies that focus on child protection. The programme will support regional peace-building efforts through the Organization of African Unity and the Economic Community of

West African States (ECOWAS), especially to assist women's peace initiatives. The community-based component of the programme will adopt an integrated approach to build upon partnerships and positive experiences from the Bong County microplanning process. The programme will build the capacities of community development committees and district and county teams to carry out assessment, analysis and action in support of children's rights. A communication strategy will be designed to ensure a voice for children and draw attention to their needs. This strategy will provide clear direction, identify and adapt to differing priorities and help synergize actions at the national and regional levels. The contingency plan contains two scenarios: (a) if the number of IDPs exceeds 120,000, UNICEF will reallocate resources to the areas of greatest need; or, (b) if the capital, Monrovia, is attacked, experience has shown that it will be feasible to support NGOs operating in IDP camps surrounding the city.

19. **Health and nutrition**. The programme will contribute to improved coverage of immunization and basic services with three projects focusing on immunization, maternal and child health and nutrition:

(a) The immunization "plus" project aims to achieve 60-per-cent immunization coverage for all antigens (from the current 39 per cent) for children under five years, and 50-per-cent coverage for tetanus toxoid (from the current 30 per cent) for women of child-bearing age, including IDPs, in every accessible county. It will contribute to polio eradication by ensuring that all children under five years are immunized twice through NIDs, including cross-border immunization;

(b) The maternal and child health project will provide technical assistance and supplies to Save the Children (United Kingdom) for maternal and reproductive health, to OXFAM for water and sanitation, and to local partners in selected communities and all IDP camps, supporting an integrated approach to health care including management of childhood illnesses and malaria control. The project will increase access to and utilization of quality reproductive health services, including prevention of sexually transmitted diseases and HIV/AIDS, to 30 per cent of women of child-bearing age in the selected communities and IDP camps. There will also be pilot activities for prevention of mother-to-child transmission of HIV in a limited number of service structures. The project will increase access to safe drinking water and adequate sanitation and improved hygiene from the current 31 to 40 per cent of the population in the selected communities;

(c) The maternal and child nutrition project, in its national component, will contribute to the country programme's mortality reduction targets, with the absolute numbers of target populations to be calculated and included in the master plan of operations. Specific activities aim to increase vitamin A coverage for children under five years and lactating women to 60 per cent nationwide and to increase availability of other essential micronutrients, including iron and folic acid, for specific target groups in selected communities. It will support sustained use of iodized salt. The project will increase the rate of exclusive breastfeeding to at least 60 per cent and introduce proper complementary feeding and promote growth monitoring in selected communities. To this end, the programme will provide supplies and technical assistance while Action Contre la Faim will enhance the capacity of caregivers.

20. **Early childhood development and basic education**. The programme will contribute to the development and implementation of a comprehensive ECD policy. It will increase access to basic education for children 6-12 years of age in selected

communities, paying special attention to girls, and support access of 20 per cent of children aged 3-6 years to integrated, community-based day-care centres for early stimulation and learning. The access to quality primary education project will increase the school enrolment and completion rates of girls aged 6-12 years by 10 per cent in the selected communities. It will increase achievement under the Monitoring of Learning Achievement programme from 42 to 52 per cent through an accelerated learning curriculum and life-skills education. It will enhance knowledge about HIV/AIDS prevention in schools in selected communities for children 6-12 years old. It will provide "schools in a box" and support host community schools to absorb children in IDP camps.

21. **Child protection and participation**. The programme, through four projects, will promote "child-friendly" spaces as the entry point for integrated services in IDP camps, aimed at increasing the visibility of children, promoting integration and monitoring of service quality. The services will include recreational "corners" for children of different age levels, offering games, literacy and numeracy classes, ECD training and trauma relief. The programme will support family tracing and reunification as well as advocacy against sexual abuse and violence among children and youth. To address sexual exploitation of children in the camps, the programme will provide technical assistance and take the lead in the implementation of the joint United Nations action plan. It will reintegrate 5,000 former child soldiers and "rebel wives" (sex slaves) through life skills as well as vocational training.

22. The legislation and protection services project, in partnership with Save the Children (United Kingdom), will establish a child observatory composed of child rights advocates, including local NGOs, to review and take up cases of child abuse with the Government. It will assist the Government to harmonize laws with the Convention on the Rights of the Child. The participation project will expand partnerships in communities and build the capacity of children and young persons. The HIV/AIDS prevention project will target 50 per cent of 13-20-year-olds to increase awareness in selected communities. Parent-teacher associations and women's and religious groups in selected communities will be sensitized and trained and receive supplies to support orphans. The programme communication project will support all programmes in the achievement of objectives at the national level and in the selected communities. It will specifically focus on the areas of HIV/AIDS, immunization, malaria, parental education, child abuse and exploitation. It will build alliances with existing community groups and other partners to promote the rights of children and women. It will promote positive behavioural change among at least 30 per cent of the targeted beneficiaries through a research-based communication strategy and campaigns utilizing community structures and processes.

23. **Planning, monitoring and evaluation**. The programme will link with the other programmes in promoting the development of supportive policies, programme planning and monitoring methods adapted to the conflict environment. The programme will support the use of such appropriate database software as ChildInfo and geographical information system mapping to build local profiles. It will ensure emergency preparedness and coordinate contingency planning.

24. Cross-sectoral costs will cover administrative, financial, supply and logistics support and provide resources for media coverage.

Monitoring and evaluation

25. The integrated monitoring and evaluation plan will establish indicators for measuring achievements, and will rely largely on community-based, participatory data-collection systems. A multiple indicator cluster survey will be implemented. A national population census will be supported through the UNDAF to ensure measurement of child-focused indicators. Indicators on child protection will be designed to improve monitoring in this area.

Collaboration with partners

26. Sectoral inter-agency emergency groups will ensure preparedness, greater resource allocation and accountability. The purpose of these sectoral groups is to agree on responsibilities, prevent duplication of efforts and fill gaps. UNICEF will lead the sectoral groups on health and nutrition, protection and water and sanitation. Within the UNDAF, UNICEF will continue to chair the theme group on gender and contribute to the joint implementation of child-focused activities. The programme will strengthen partnerships with WHO; USAID (on immunization, HIV/AIDS and malaria); UNFPA (on reproductive health, HIV/AIDS and life skills); the Food and Agricultural Organization of the United Nations and the World Food Programme (WFP)(on community-based activities); WFP (on education); and the Mano River Women's Peace Network, ECOWAS and civil society groups (on peace building). Should the situation worsen, the programme will seek international support through the Consolidated Appeal Process and realign its interventions with the country's contingency plan.

Programme management

27. The Ministry of Planning and Economic Affairs will head a technical committee composed of focal points from the Ministries of Health and Social Welfare, Education, Internal Affairs, Gender and Development, Information, Youth and Sports, Rural Development, and Justice. The technical committee will coordinate and monitor programme implementation. Multisectoral teams will provide technical assistance to community development committees, which will manage programme implementation at the village level. The programme will coordinate and support NGOs at the community level.

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : LIBERIA
PROGRAMME:2003-2005

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH AND NUTRITION	1,590,000		1,590,000	0	0	0	0	1	0	1	1	0	2	446,409	104,598	551,007
EARLY CHILDHOOD CARE & BASIC ED.	1,050,000		1,050,000	0	0	0	0	1	0	1	2	0	3	446,409	186,472	632,881
CHILD PROTECTION & PARTICIPATION	990,000		990,000	0	0	0	0	1	0	1	1	0	2	304,888	93,236	398,124
PLANNING, MONITORING & EVAL.	420,000		420,000	0	0	0	0	0	0	0	1	0	1	0	104,598	104,598
CROSS-SECTORAL COSTS	391,000		391,000	0	0	0	0	0	0	0	1	6	7	0	310,699	310,699
TOTAL RR	4,441,000		4,441,000	0	0	0	0	3	0	3	6	6	15	1,197,706	799,603	1,997,309
OTHER RESOURCES :																
HEALTH AND NUTRITION		4,200,000	4,200,000	0	0	0	0	1	0	1	4	2	7	446,409	495,259	941,668
EARLY CHILDHOOD CARE & BASIC ED.		2,850,000	2,850,000	0	0	0	0	0	0	0	0	2	2	0	95,152	95,152
CHILD PROTECTION & PARTICIPATION		3,480,000	3,480,000	0	0	0	0	0	0	0	0	2	2	141,521	112,658	254,179
PLANNING, MONITORING & EVAL.		180,000	180,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		990,000	990,000	0	0	0	0	1	0	1	0	6	7	446,409	163,173	609,582
TOTAL OR		11,700,000	11,700,000	0	0	0	0	2	0	2	4	12	18	1,034,339	866,242	1,900,581
TOTAL RR & OR	4,441,000	11,700,000	16,141,000	0	0	0	0	5	0	5	10	18	33	2,232,045	1,665,845	3,897,890
SUPPORT BUDGET	Operating costs		1,491,326													
	Staffing			0	0	1	1	2	0	4	1	11	16	2,079,806	681,377	2,761,183
GRAND TOTAL (RR + OR + SB)				0	0	1	1	7	0	9	11	29	49	4,311,851	2,347,222	6,659,073
Number of posts and staff costs:																
Current programme cycle										8	8	27	43			
At the end of proposed programme cycle (indicative only)										9	11	29	49	4,311,851	2,347,222	6,659,073

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.